



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

October 20, 2006

G David Chinchurreta, Administrator
Sunbridge Retirement & Rehabilitation Nampa
2609 Sunnybrook Dr
Nampa, ID 83686

FILE COPY

License #: RC-354

Dear Mr. Chinchurreta:

On September 13, 2006, a survey was conducted at Sunbridge Retirement & Rehabilitation For Nampa/rcf. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

Polly Watt-Geier, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

pwg/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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September 15, 2006

G David Chinchurreta, Administrator
Sunbridge Retirement & Rehabilitation Nampa
2609 Sunnybrook Dr
Nampa, ID 83686

FILE COPY

Dear Mr. Chinchurreta:

On September 13, 2006, a state licensure survey was conducted at Sunbridge Retirement & Rehabilitation for Nampa/rcf. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 13, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R354	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2006
NAME OF PROVIDER OR SUPPLIER SUNBRIDGE RETIREMENT & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2609 SUNNYBROOK DR NAMPA, ID 83686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard survey conducted on 9/13/06. The surveyors conducting the standard survey were:</p> <p>Polly Watt-Geier, MSW Team Coordinator Health Facility Surveyor</p> <p>Karen McDannel, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

NRU911

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Sunbridge Retirement Rehab Nampa</i>	Physical Address <i>2609 Sunnybrook</i>	Phone Number <i>467-7298</i>
Administrator <i>David Chinchuneta</i>	City <i>Nampa</i>	ZIP Code <i>83686</i>
Survey Team Leader <i>Polly Watt-Geier</i>	Survey Type <i>Standard</i>	Survey Date <i>9-13-06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	
1	16.03.22.300.01	The facility's R.N. did not delegate all nursing functions to unlicensed staff.	9-15-06	Whole note
2	16.03.22.310.01	The facility did not use a multidose medication distribution system for over the counter medications for 4 of 4 sampled residents.	9-20-06	Whole note
3	16.03.22.630.01	4.02 The facility did not provide specialized training to staff regarding residents with dementia and mental illness diagnoses.	10-10-06	Whole note
RECEIVED				
OCT 16 2006				
FACILITY STANDARDS				

Response Required Date

10-13-06

Signature of Facility Representative

J. Van Ken (acting Dir.)